

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

JOHN S FUND

ADDRESS (number and street) ▼

PO Box 853

☐ Check if different than previously reported. (ACC)

Edwardsville

IL

62025-0853

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00390831

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
- POST-Election** Report for the:

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary E Maxwell

Signature of Treasurer

Mary E Maxwell

[Electronically Filed]

Date

09 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

JOHN S FUND

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 08 01 2016

To:

 M M / D D / Y Y Y Y Y  
 08 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		33251.96
(b) Cash on Hand at Beginning of Reporting Period.....	22318.56	
(c) Total Receipts (from Line 19) .....	21000.00	164000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43318.56	197251.96
7. Total Disbursements (from Line 31) .....	24786.42	178719.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18532.14	18532.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**JOHN S FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	5500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21000.00	158500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	21000.00	164000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21000.00	164000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21000.00	164000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12786.42	56719.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12786.42	56719.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	121000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24786.42	178719.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24786.42	178719.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21000.00	164000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21000.00	164000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	12786.42	56719.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	12786.42	56719.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN S FUND

Full Name (Last, First, Middle Initial)

**A. Institute Of Scrap Recycling Industries Inc. Political Action Committee**

Mailing Address 1615 L Street NW  
Suite 600

City Washington State DC Zip Code 20036-5664

FEC ID number of contributing  
federal political committee.

C C00046086

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 01 / 2016

Transaction ID : A2C74566BC9254AA0955

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Ameren Federal Political Action Committee (amerenfed Pac)**

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 550S

City Washington State DC Zip Code 20004-1710

FEC ID number of contributing  
federal political committee.

C C00206136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 01 / 2016

Transaction ID : AC15246E089614B87A3F

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Verizon Communications Inc./verizon Wireless Good Government Club (verizon/verizon Wireles**

Mailing Address 1300 I Street NW  
Suite 400 W

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing  
federal political committee.

C C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 01 / 2016

Transaction ID : AD98420185C214A79975

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**JOHN S FUND**

Full Name (Last, First, Middle Initial)

## **A. Power PAC of the Edison Electric Institute**

Mailing Address 701 Pennsylvania Avenue NW

City State Zip Code  
Washington DC 20004-2608

FEC ID number of contributing  
federal political committee.

**C** C00095869

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08** / **10** / **2016**

**Transaction ID : A8B9C44DF56A441B1925**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **B. American Association Of Nurse Anesthetists Separate Segregated Fund (crna-Pac)**

Mailing Address 25 Massachusetts Avenue NW  
Suite 550

City State Zip Code  
Washington DC 20001-1430

FEC ID number of contributing  
federal political committee.

**C** C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**08** / **11** / **2016**

**Transaction ID : A8DD286093AAF4C23A79**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

## **C. Eversource Energy PAC (Eversourcepac)**

Mailing Address 901 F St NW  
Ste 602

City State Zip Code  
Washington DC 20004-1475

FEC ID number of contributing  
federal political committee.

**C** C00102160

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**08** / **15** / **2016**

**Transaction ID : A6FDD26206A4D4A2DA0C**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 12

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**JOHN S FUND**

Full Name (Last, First, Middle Initial)

## **A. Altria Group, Inc. Political Action Committee (altriapac)**

Mailing Address 101 Constitution Avenue NW  
Suite 400W

City Washington State DC Zip Code 20001-2155

FEC ID number of contributing federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

**08** / **19** / **2016**

**Transaction ID : AE90A9CE5C8C4406AA35**

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

21000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**JOHN S FUND**

Full Name (Last, First, Middle Initial)

**A. Gula Graham Group**Mailing Address 700 12th Street NW  
Suite 700

City Washington State DC Zip Code 20005-4052

Purpose of Disbursement  
PAC Fundraising Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	08	/	2016

**Transaction ID : B44FB6C2A283B4B6C929**

Amount of Each Disbursement this Period

12556.42
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CompleteCampaigns.com**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
PAC Reporting Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	24	/	2016

**Transaction ID : BA62451C017DF43E5A29**

Amount of Each Disbursement this Period

230.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12786.42
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12786.42
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**JOHN S FUND**

Full Name (Last, First, Middle Initial)

**A. Poliquin for Congress**

Mailing Address PO Box 50

City	State	Zip Code
Oakland	ME	04963-0050

Purpose of Disbursement  
Contribution

Candidate Name

**Bruce Poliquin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2016

**Transaction ID : B0F131591967545C9A82**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Neal Dunn**

Mailing Address 2640A Mitcham Dr

City	State	Zip Code
Tallahassee	FL	32308-5400

Purpose of Disbursement  
Contribution

Candidate Name

**Neal Patrick Md, Facs Dunn**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

**Transaction ID : B4C0A81E3AA55499DAC9**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rick Kozell For Congress**

Mailing Address PO Box 2172

City	State	Zip Code
Jupiter	FL	33468-2172

Purpose of Disbursement  
Contribution

Candidate Name

**Rick Kozell**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2016

**Transaction ID : B345C624132974C6DAED**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**JOHN S FUND**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee - Contributions \***

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Non-Election	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

**Transaction ID : BBC5F33842E774F388AF**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. House Conservatives Fund**Mailing Address 228 S Washington St  
Ste 115

City	State	Zip Code
Alexandria	VA	22314-5404

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Non-Election	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : BB1472850657D4B3FBBF**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Maggie's List**

Mailing Address 6675 Weeping Willow Way

City	State	Zip Code
Tallahassee	FL	32311-0311

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Non-Election	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

**Transaction ID : B2ED6E8C5135C46B29D2**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**JOHN S FUND**

Full Name (Last, First, Middle Initial)

**A. The Other Mike Madigan**Mailing Address 510 N Cunningham Ave  
Ste 11-200

City Urbana State IL Zip Code 61802-1700

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	08	/	2016

**Transaction ID : B083EFCFF06E1465EAC4**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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1000.00
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